

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049001

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

275

Primary Registration District No.

4409

Registrar's No.

282

FILED JAN 2 1964

VS 300
Rev. 4/59

1 0810

2 0810

3

4 0

5 2

6

7 1

8 2

9 1200

10

11

12 90-0

13 10

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Newburg

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION home

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).

a. STATE Missouri b. COUNTY Phelps

c. CITY OR TOWN Newburg

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Main St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Thomas Staggs

4. DATE OF DEATH
Month Day Year
Dec. 18 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/17/1878

9. AGE (last birthday)

85

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Railroad

10b. KIND OF BUSINESS OR INDUSTRY
retired

11. BIRTHPLACE (City and state or country)
Fountain Head, Tenn. usa

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Felix Wharton Staggs

13b. MOTHER'S MAIDEN NAME

Liza Ann Mabry

14. NAME OF HUSBAND OR WIFE

Corrine Staggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
none

16. SOCIAL SECURITY NO.

0

17. INFORMANT

Mary Staggs

Address

Newburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

arteriosclerosis heart disease
Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

year

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.
Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9:52 to 12/15/63 and last saw her alive on 12/10/63
Death occurred at 8:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

12/20/63

23c. NAME OF CEMETERY OR CREMATORY

Newburg Cemetery

23d. LOCATION (City, town, or county)

Newburg, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Newburg, Missouri

25. DATE RECD. BY LOCAL REG.

Dec. 20, 1963

26. REGISTRAR'S SIGNATURE

Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 23 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W J Steward

Licensed Embalmer No.

5043

P. O. Address

Newburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.